

2022 D-2441 SUB Child and Dependent Care Credit for Part-Year Residents



Important: First calculate your federal return child and dependent care credit.

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 9999

NAME AS SHOWN ON FORM D-40 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer identification number (TIN) 99999999

Before you begin

You must meet the following requirements to use this form:

- You are a part-year resident of DC;
- You are filing a part-year DC D-40 return; and
- You were eligible to claim the child and dependent care credit on your federal return.

Qualifying dependents *Complete for all qualifying individuals for whom you claimed expenses on your federal Form 2441*

First name XXXXXXXXXXXXXXXXXXXX M.I. X Last name XXXXXXXXXXXXXXXXXXXX
 Taxpayer identification number (TIN) 99999999 Relationship to you XXXXXXXXXXXXXXXXXXXX Date of birth (MMDDYYYY) 99999999
 Lived in your household from MMDDYYYY To MMDDYYYY
 99999999 99999999

First name XXXXXXXXXXXXXXXXXXXX M.I. X Last name XXXXXXXXXXXXXXXXXXXX
 Taxpayer identification number (TIN) 99999999 Relationship to you XXXXXXXXXXXXXXXXXXXX Date of birth (MMDDYYYY) 99999999
 Lived in your household from MMDDYYYY To MMDDYYYY
 99999999 99999999

First name XXXXXXXXXXXXXXXXXXXX M.I. X Last name XXXXXXXXXXXXXXXXXXXX
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First name XXXXXXXXXXXXXXXXXXXX M.I. X Last name XXXXXXXXXXXXXXXXXXXX
 Taxpayer identification number (TIN) 99999999 Relationship to you XXXXXXXXXXXXXXXXXXXX Date of birth (MMDDYYYY) 99999999
 Lived in your household from MMDDYYYY To MMDDYYYY
 99999999 99999999

If you need to list additional dependents, attach a statement with the same information for them.

DC credit

Enter dates you were a DC resident in 2022 From 99999999 To 99999999 Round cents to the nearest dollar.

1	Total 2022 employment-related dependent care expenses. From federal Form 2441, Line 3 or total expenses paid from page 2 (of this form), Line 6.	1	99999999.00
2	Employment-related dependent care expenses paid in 2022 while you were a DC resident.	2	99999999.00
3	Divide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55.)	3	9.99
4	DC full year dependent care credit Multiply your allowable federal credit (from federal Form 2441, Line 11 X .32)	4	99999999.00
5	DC part-year dependent care credit Multiply Line 4 by the Line 3 decimal. Enter amount here and on Line 21 of Form D-40.	5	99999999.00

ATTACH THIS FORM TO YOUR FORM D-40.

Your last name XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Your TIN 999999999



Dependent care expenses Complete for all people or organizations who provided care during 2022 so that you could work or look for work.

Round cents to the nearest dollar.

Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	999999999.00
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	999999999.00
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	999999999.00
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	999999999.00
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	999999999.00
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
6 Total expenses paid			999999999.00